

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	12/14
FORMALITY REVIEW	MH	920	3/21/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral).... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 3/27/01
2	✓ 3/11/01
3	✓
4	✓ ✓
5	✓ /
6	✓ ✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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